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|--|----------|---|---|----------|---|----------|---|----------|--|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 07589.0154.PCUS00 | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">In re Application of OLSSON</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><div style="display: flex; justify-content: space-between;">Application Number 10/708,269Filed 02/20/2004</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">For TURBOCOMPOUND INTERNAL COMBUSTION ENGINE ARRANGEMENT</div> <div style="border: 1px solid black; padding: 2px;"><div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Group Art Unit 3747</div><div style="width: 55%;">Examiner Unknown</div></div></div> | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 70%;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 30%; text-align: right;">\$110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1437</u> .</p> <p style="padding-left: 40px;">I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____ .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>08/20/2004 BSAYAS11 00000013 10708269</p><p>03 FC:1251</p><p style="text-align: center;">110.00 0P</p><p style="text-align: center;">08/13/2004</p><p style="text-align: center;">_____ Date</p></div><div style="width: 50%; text-align: center;"><p style="text-align: center;">_____ Signature</p><p style="text-align: center;">Tracy W. Druce</p><p style="text-align: center;">_____ Typed or printed name</p></div></div> | | | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p> | | | | | | | | | | | | |

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Date

Signature

Tracy W. Druce

Typed or printed name